

Please complete *all* areas
AFIT SCHOOL OF SYSTEMS AND LOGISTICS
TRANSCRIPT REQUEST
(Please print legibly or type)

<input type="checkbox"/> Official Copy (Institute Use Only) (no charge) Send to: _____ _____ _____ _____

<input type="checkbox"/> Student Copy (no charge) Send to: _____ _____ _____ _____
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Student Name: _____ SSN: _____
(Include maiden name if applicable) (Required)

Address: _____ Phone: _____

_____ (Daytime - Commercial)
Phone: _____
_____ (Daytime - DSN)

Please provide the following information:

Course Title: _____
Course Number/Offering: _____
Where was course taken? _____
Was this a seminar? ☐ Yes ☐ No

Additional Courses

Course Name: _____	Course Name: _____
Course No./Offering: _____	Course No./Offering: _____
Where taken: _____	Where taken: _____
Dates taken: _____	Dates taken: _____
Seminar? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seminar? <input type="checkbox"/> Yes <input type="checkbox"/> No

Course Name: _____	Course Name: _____
Course No./Offering: _____	Course No./Offering: _____
Where taken: _____	Where taken: _____
Dates taken: _____	Dates taken: _____
Seminar? <input type="checkbox"/> Yes <input type="checkbox"/> No	Seminar? <input type="checkbox"/> Yes <input type="checkbox"/> No

***Note:** Any additional information you are able to provide (ex.: copies of certificates) will be of great assistance in processing this request. Should you have any questions, please call DSN 785-7777, ext. 3129 or Commercial 937-255-7777, ext. 3129.*

PRIVACY ACT STATEMENT: AUTHORITY: 10 USC 8012; E.O. 9397. **PRINCIPAL PURPOSE:** To request mailing of student's official AFIT transcripts. **ROUTINE USES:** To authorize transmittal of official transcripts to agencies designated by student. Faculty and Staff of AFIT, Air Force personnel and other Federal agencies having a need to know may refer to this record in performance of their official duties. SSAN is used to make positive identification of individual record.
DISCLOSURE: Voluntary; however, failure to provide the information will result in the designated agency not receiving transcripts as requested by the student.

Student Signature: _____ Date: _____
(Required)

After completion, return to: ATTN: Registrar, School Of Systems And Logistics
AFIT/LSA
2950 P Street Bldg. 641
Wright Patterson AFB OH 45433-7765
or FAX: DSN 785-8458; Commercial (937) 255-8458